SUBMIT IN QUADRUPLICATE TO

RECET ARM 36.22.307

MONTANA BOARD OF OIL AND GAS CONSERVATION 2535 ST. JOHNS AVENUE BILLINGS, MONTANA 59102 AUG 1 2 2019

Notice of Intent to Change Operator

MONTANA BOARD OF OIL &

The undersigned Transferor hereby notifies the Board of Oil and Gas Conservation ONSERVATION • BILLINGS its intention to transfer ownership and/or operation of the following wells to the undersigned Transferee:

Lease Name: Infinity State	Lease type:(Private, State, Federal, Indian) State, Federal
County: Rosebud	Field name: East Rattler Butte Waterflood Unit (Order 90-9&
Description of wells: Include API well number, well name and number, and exact location of the well including Township, Range, Section, quarter-quarter and footage measurements, and lease type. (<u>F</u> ederal, <u>I</u> ndian, <u>P</u> rivate, <u>S</u> tate) Attach additional sheets as necessary.	
25-087-21648 Infinity 31-8 State Twp. 12 N., Rge. 33 I 25-087-21649 Infinity 31-9 State Twp. 12 N., Rge. 33 I 25-087-21654 Infinity 31-16 State Twp. 12 N., Rge. 33 I	E. Section 31: NWNE 474' FNL / 1994' FEL State E. Section 31: SENE 1654' FNL / 836' FEL State E. Section 31: Lot 3 3385' FNL / 745' FEL State E. Section 31: Lot 10 4378' FNL / 918' FEL State E. Section 30: SESE 293' FSL / 1053' FEL Federal
Number of Wells to be Transferred: 5	Effective Date of Transfer: October 1, 2019
Transferor's Statement: I hereby designate the Transferee named herein as the owner and/or operator of record of the above described well(s). I acknowledge that the Transferor continues to be responsible for said well(s) and all associated equipment and facilities until such time as this transfer is approved by the Montana Board of Oil and Gas Conservation. I certify that the information contained herein is true and correct:	Transferee's Statement: I hereby accept the designation of operator/owner for the above described well(s). I understand that this transfer will not be approved until the Transferee has complied with the Board's bonding requirements. I acknowledge that under Section 82-11-101 MCA, the Transferee herein is responsible for the costs of proper plugging and restoration of the surface of the well(s) described above. I certify that the information contained herein is true and correct:
Company Tyler Oil Company	Company Cline Production Company, a WY company
Street Address	Street Address
P.O. Box 23203	P.O. Box 20736
City, State, ZIP Billings, MT 59104-3203	City, State, ZIP Billings, MT 59104-0736
Signed Jack Gadon	Signed
Print Name Jack Padon	Print Name A. B Cline, Jr.
Title_President	Title President
Telephone (_406_)	Telephone (406)254-9496
Date 7/17/19	Date 8 -1 - 19
BOARD USE ONLY	
ApprovedDate	Field Office Review Date Initial Inspection Records Review
Name Title	Operations
Oper. No. 196 Bond No. M3, T1, T2, F1	Oper No. 58 Bond No.

